



## 2016-2017 SEASONAL INFLUENZA VACCINE REQUEST

The Idaho Immunization Program (IIP) will supply 2016-2017 pediatric seasonal influenza vaccine, to all providers actively enrolled with the program, for patients eligible to receive vaccine supplied by the IIP.

**Do not privately purchase pediatric influenza vaccine for the 2016-2017 season.\***

Please complete and return to the IIP page 2 of this request if your office missed the 2016-2017 Influenza Vaccine Survey deadline (January 29, 2016), if your office enrolled with the IIP after July 15, 2016, or if your office would like to request a change or update to a previously submitted 2016-2017 Influenza Vaccine Survey. On page 2 please indicate the total number of 2016-2017 pediatric influenza doses your office is interested in ordering from the IIP throughout the 2016-2017 influenza season. Please note that a signature is required on the 2016-2017 Seasonal Influenza Vaccine Request. The physician in-charge of immunizations or chief executive officer must review the vaccine formulations and doses entered, and sign the request.

If your office has recently enrolled in the IIP, missed the January 29, 2016 flu survey deadline, or would like to revise your original survey then this request must be completed, signed, and submitted to the IIP. The completed request may be returned by fax (208-334-4914) or email ([IIP@dhw.idaho.gov](mailto:IIP@dhw.idaho.gov)) only.

All pediatric influenza vaccines supplied by the IIP for the 2016-2017 influenza season will be quadrivalent formulations. Please record the number of doses for each vaccine, Trade Name, and presentation that your office is interested in ordering for the 2016-2017 season.

Providers who use Idaho's Immunization Reminder Information System (IRIS): The Transaction Summary and Doses Administered reports in IRIS are helpful tools to use when establishing the number of doses needed. These reports will indicate how many doses of influenza vaccine your organization received, administered (by age), and wasted during the 2014-2015 and 2015-2016 influenza seasons (please note: your doses administered be current).

\* Note: Unless your office serves non-VFC eligible children who do not reside in Idaho or Washington.

Request on Back



IDAHO IMMUNIZATION PROGRAM  
PO BOX 83720  
BOISE ID 83720-0036

## 2016-2017 SEASONAL INFLUENZA VACCINE REQUEST

Organization: \_\_\_\_\_ VFC Pin: \_\_\_\_\_

Prepared By: \_\_\_\_\_

Please complete and return this form indicating the total number of 2016-2017 pediatric seasonal influenza vaccine doses your office would like to request from the Idaho Immunization Program (IIP). The completed request may be returned by fax (208-334-4914) or email ([IIP@dhw.idaho.gov](mailto:IIP@dhw.idaho.gov)).

Please indicate what type of request this is by checking one of the following boxes:

☐ New Provider

☐ Late Submission

☐ Revision Request

Please complete the table below indicating the number of pediatric seasonal influenza vaccine doses for each presentation that your organization would like to request from the IIP. This influenza vaccine request does not constitute a vaccine order and the IIP cannot guarantee the presentations or number of doses requested will be available.

Vaccine	Trade Name	Manufacturer	Presentation	Mercury Content (mcg Hg/0.5 mL dose)	Age Group	Number of Doses
QIV	FLUZONE®	Sanofi Pasteur	0.25 mL prefilled syringe	0	6-35 months	
			0.5 mL single dose vial	0	≥ 36 months	
			0.5 mL prefilled syringe	0	≥ 36 months	
			5.0 mL multi-dose vial	25	≥ 6 months	
QIV	FLUARIX®	GlaxoSmithKline	0.5 mL prefilled syringe	0	≥ 3 years	
QIV	FLULAVAL®	GlaxoSmithKline	5.0 mL multi-dose vial	<25	≥ 3 years	
QIV	FLUCELVAX®	Seqirus	0.5 mL prefilled syringe	0	≥ 4 years	

\_\_\_\_\_  
Name of Physician in-Charge of Immunizations or Chief Executive Officer (please print)

\_\_\_\_\_  
Signature of Physician in-Charge of Immunizations or Chief Executive Officer

\_\_\_\_\_  
Date

Instructions on Front



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